	-	Effective December 8, 2004									- 10/797/44					
			CLAIN	IS AS FI	S FILED - PART I				—			V 1				
	TOTAL CLAIMS				(Column 1)		(Column 2)		SMALL TYPE		ENTITY			OTHER THAN R SMALL ENTITY		
	FOR TOTAL CHARGEABLE CLAIMS INDEPENDENT CLAIMS				NUMBER FILED minus 20=		NUMBER EXTRA		R	ATE	FEE	7	RAI		FEE	
									BASIC F		212 OR				900	
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					minus 3 =		_		X100=		OR		X\$50	) <u>=</u>		
	MULTIPLE DEPENDENT CLAIM PR						Π̈́			W.		OR	X200	•		
	* If the diff	erenc	e in column	1 is less th	ess than zero, enter *0		O' in column 2		+180=			OR	+360	-		
1		(	CLAIMS A	S AMFN	MENDED - PART II				TOTAL			OR	TOTAL	1790	00,0	
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1	Total Independent	V)	CLAIMS REMAININ	g .	HIGHE	ST		" ⊢г	SILAL	LL ENTI		OR F	SMAL	L ENT	<u> </u>	
	¥		AFTER AMENDME	n	PAID FO	ISLY EXTRA			RAT	E TION	VAL		RATE	AD		
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ı									180=	.	c	OR	+360=			
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	Total	_ [.		Minus	PAID FOR	_		-		FEE			MIE	TION/ FEE		
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ر			Column 1)	·	(Column 2)	(C	olumn 3)	ADDI	i. FEE	<u> </u>	<b>.</b>	ADD	IT. FEE		<b>-</b>   -	
Ē		· I .	EMAINING .AFTER		NUMBER PREVIOUSLY	PRESENT EXTRA				ADDI-	7	_	T. A	ADDI-	-{	
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